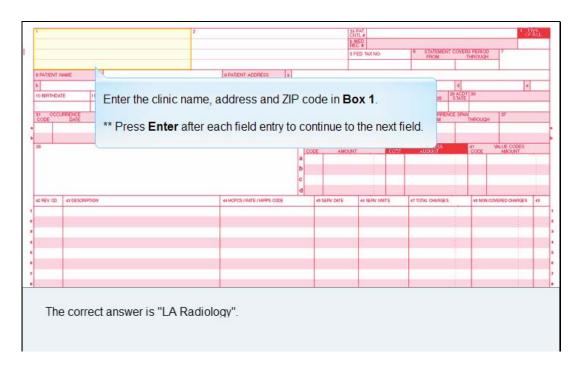


**Note:** Remember to enter all data on the claim form within the designated areas for each field. Information used to complete examples is fictitious.

**Note:** After typing data in a field press Enter to continue to the next field.

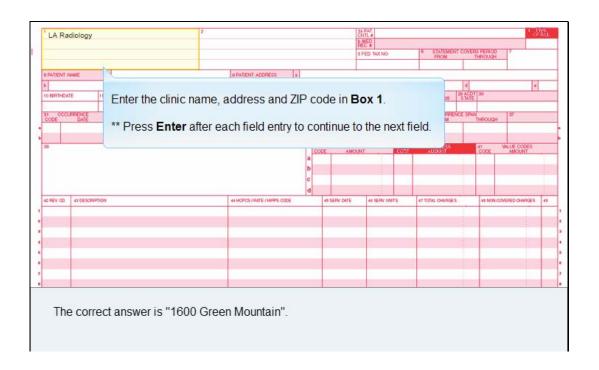
Click to print the field data to complete this activity.



Enter the clinic name, address and ZIP code in **Box 1**.

\*\* Press **Enter** after each field entry to continue to the next field.

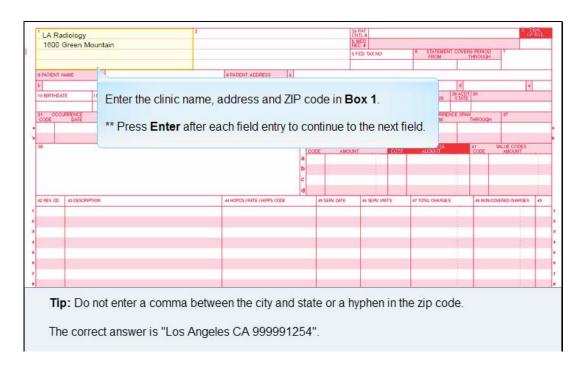
The correct answer is "LA Radiology".



Enter the clinic name, address and ZIP code in **Box 1**.

\*\* Press Enter after each field entry to continue to the next field.

The correct answer is "1600 Green Mountain".



Enter the clinic name, address and ZIP code in **Box 1**.

\*\* Press **Enter** after each field entry to continue to the next field.

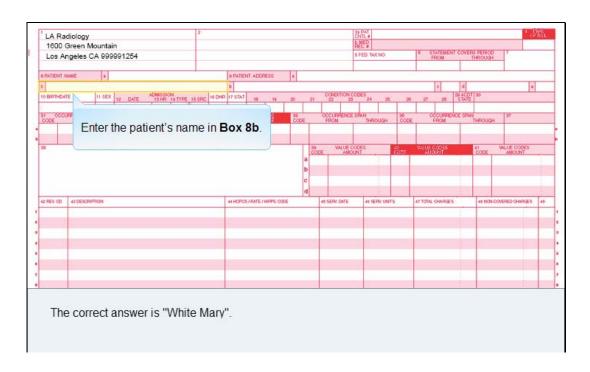
**Tip:** Do not enter a comma between the city and state or a hyphen in the zip code.

The correct answer is "Los Angeles CA 999991254".



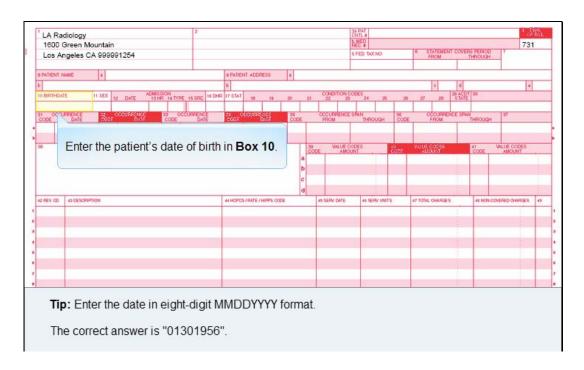
Enter the type of bill code in **Box 4**.

The correct answer is "731".



Enter the patient's name in **Box 8b**.

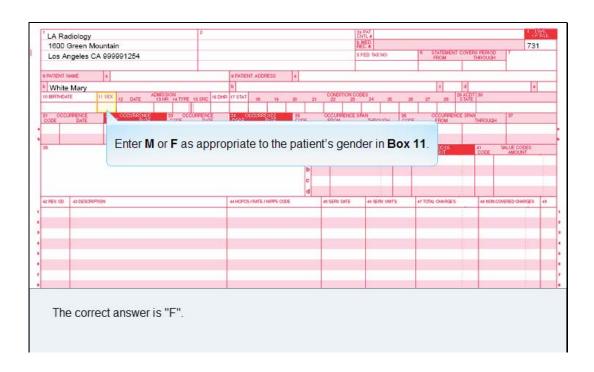
The correct answer is "White Mary".



Enter the patient's date of birth in **Box 10**.

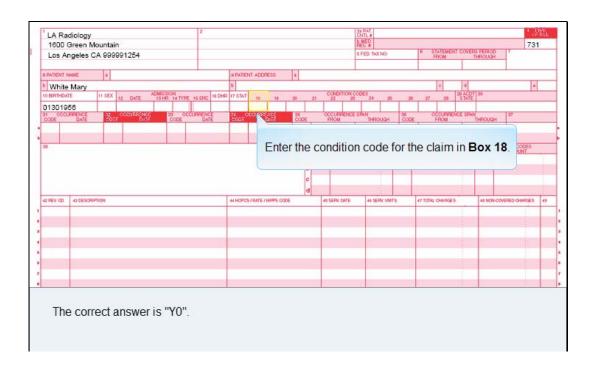
**Tip:** Enter the date in eight-digit MMDDYYYY format.

The correct answer is "01301956".



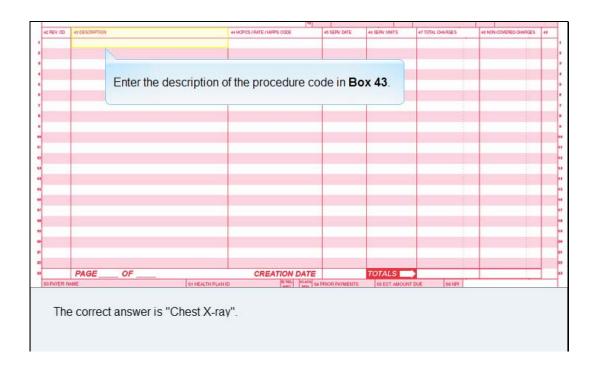
Enter M or F as appropriate to the patient's gender in Box 11.

The correct answer is "F".



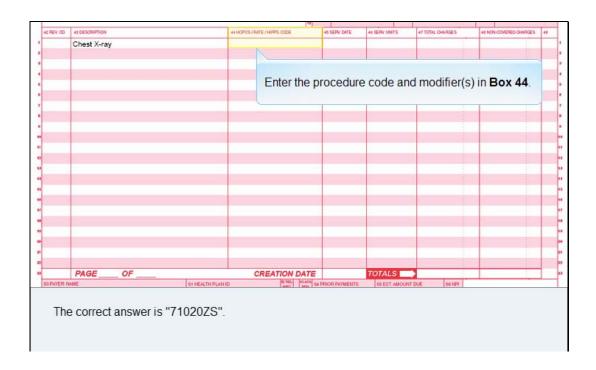
Enter the condition code for the claim in **Box 18**.

The correct answer is "Y0".



Enter the description of the procedure code in **Box 43**.

The correct answer is "Chest X-ray".



Enter the procedure code and modifier(s) in Box 44.

The correct answer is "71020ZS".



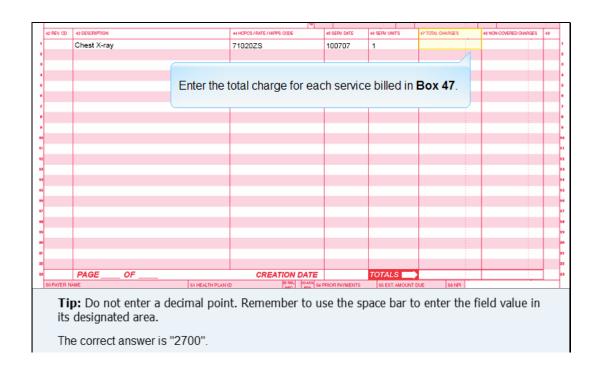
Enter the date the service was rendered in Box 45.

The correct answer is "100707".



Enter the actual number of times a single procedure or item was provided for the date of service in **Box 46**.

The correct answer is "1".



Enter the total charge for each service billed in Box 47.

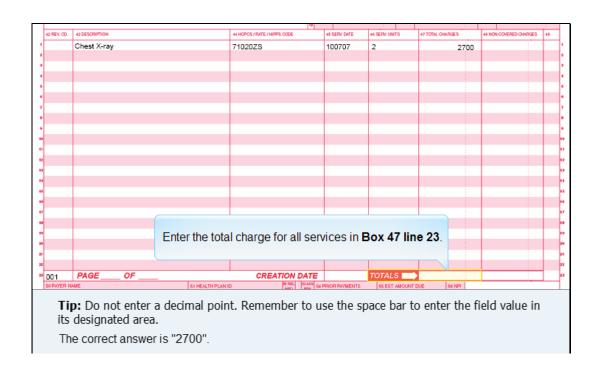
Tip: Do not enter a decimal point. Remember to use the space bar to enter the field value in its designated area.

The correct answer is "2700".



Enter the total charge line code in **Box 42 line 23**.

The correct answer is "001".



Enter the total charge for all services in **Box 47 line 23.** 

Tip: Do not enter a decimal point. Remember to use the space bar to enter the field value in its designated area.

The correct answer is "2700".